

**CITY OF ALEXANDRIA OFFICE OF HOUSING
FLEXIBLE HOMEOWNERSHIP ASSISTANCE PROGRAM
PRE-SCREENING FORM**

PLEASE FILL OUT COMPLETELY, PLEASE PRINT. THANK YOU

Applicant _____ Co-Applicant _____ Other Adult _____

Address _____ City _____

State _____ Zip _____ Total # in Household _____ #Adults _____ # Dependents _____

Phone (home) (____) _____ Phone (home) (____) _____

Phone (work) (____) _____ Phone (work) (____) _____

Do you live within the corporate limits of the City of Alexandria, VA? No _____ If Yes _____ #Yrs. _____

Have you ever owned your own home? No _____ Yes _____

Do you currently have any ownership of residential property? No _____ If Yes _____ you are not eligible for assistance.

Are all applicants U.S. Citizens or do they possess a work permit and social security card? No _____ Yes _____

Marital Status (circle one): Single Married Divorced Widowed Separated

Employment:

Applicant's Current Employer _____

Address _____ # of years worked _____

Co-Applicant's/Other Adult's Current Employer _____

Address _____ # of years worked _____

Are any employers located within corporate limits of the City of Alexandria, VA? Yes _____ No _____

	<u>Gross Annual Salary</u>	<u>Other Income Source</u>	<u>Other Income</u>
Applicant	\$ _____	_____	\$ _____
Co - Applicant/Other Adult	\$ _____	_____	\$ _____
Total Annual Household Income	\$ _____	Savings available for home purchase	\$ _____

Certification:

I/we are interested in participating in the City of Alexandria's Flexible Homeownership Assistance Program. I/we understand that this pre-screening is only a preliminary step that will be used to determine basic eligibility and begin the application process.

I/we certify that the above information is true and complete to the best of my/our knowledge. I authorize the City of Alexandria or its designees to verify this information and to request a copy of my/our credit record.

Applicant Signature

Co-Applicant/Other Adult Signature

Date _____

Date _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

Date of Birth _____

MAIL TO: OFFICE OF HOUSING, PROGRAM IMPL. DIVISION

421 KING STREET, SUITE 200

TAVERN SQUARE

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